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FAX TRANSMISSION

TO: U.S. Commissioner of Patents and
Trademarks

FROM: John M. Lazarus

Attn: Examiner Lynda M. Salvatore
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231
1.703.746.9003

F&L REF. NO.: 074313-0102

Total pages, including cover letter: 14

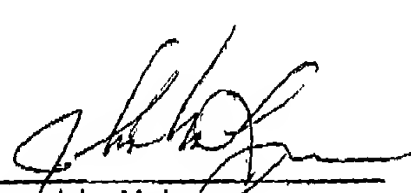
PTO FAX NUMBER 1.703.872.9310

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Title of Document(s) Transmitted:

Reply and Amendment

Applicant(s): Repp et al.
Serial No.: 09/900,927
Filed: July 9, 2001
Group Art Unit: 1771
F&L Ref. No.: 074313-0102

By: 
Name: John M. Lazarus
Reg. No.: 48,367

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and
Trademark Office on the date shown below.


John M. Lazarus

1/16/2003
Date

Application Serial No. 09/900,927

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Repp, Jilene A.
Yogerst, Francis A.Title: QUILTING METHOD
AND SYSTEM

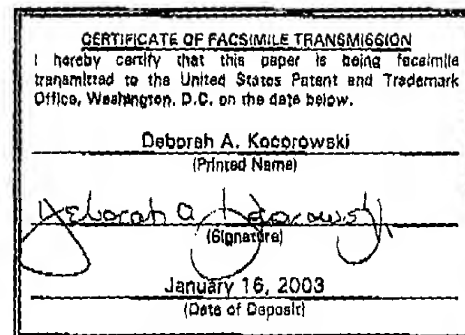
Application No.: 09/900,927

Filing Date: 07/09/2001

Examiner: Salvatore, Lynda M.

Art Unit: 1771

Attorney Docket No.: 074313-0102

**Box NON-FEE AMENDMENT**

Commissioner for Patents

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

Transmitted herewith is a Reply and Amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[X] Reply and Amendment (11 total pages).

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	46	46	0	x \$18.00	\$0.00
Independents:	3	3	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

Application Serial No. 09/900,927

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
TOTAL FEE:			\$0.00

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

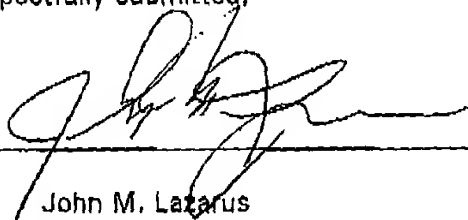
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

1/16/2003

By



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